

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) P, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: AMERICAN FUNDS AMERICAN MUTUAL RET ACCT
1b Three-digit plan number (PN): 751
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY
2b Employer Identification Number (EIN): 36-6071399
2c Plan Sponsor's telephone number: 319-355-6449
2d Business code (see instructions)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> <b>6a(2)</b> <b>6b</b> <b>6c</b> <b>6d</b> <b>6e</b> <b>6f</b> <b>6g(1)</b> <b>6g(2)</b> <b>6h</b>
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
--	--

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<b>a Pension Schedules</b> (1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached _____ (4) <input type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
---	---

---

**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

---

**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

If "Yes" is checked, complete lines 11b and 11c.

---

**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

**11c** Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

---

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
---	--	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>AMERICAN FUNDS AMERICAN MUTUAL RET ACCT</u>	<b>B</b> Three-digit plan number (PN)	<u>751</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>36-6071399</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
---------------	--

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name 1 SOURCE BUSINESS SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor 1 SOURCE BUSINESS SOLUTIONS, LLC	<b>c</b> EIN-PN 27-3793520-333
<b>a</b>	Plan name ARMBRECHT & WIERENGA ORTHODONTICS PLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ARMBRECHT & WIERENGA ORTHODONTICS PLC	<b>c</b> EIN-PN 38-2163006-001
<b>a</b>	Plan name BUILDERS HARDWARE & SUPPLY CO., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BUILDERS HARDWARE & SUPPLY CO., INC.	<b>c</b> EIN-PN 91-0715362-001
<b>a</b>	Plan name BUTLER, FITZGERALD & FIVESON, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BUTLER, FITZGERALD & FIVESON, P.C.	<b>c</b> EIN-PN 20-2841166-001
<b>a</b>	Plan name CUNNINGHAM, FOREHAND, MATHEWS & MOORE, ARCHITECTS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CUNNINGHAM, FOREHAND, MATTHEWS & MOORE ARCHITECTS, INC.	<b>c</b> EIN-PN 58-0871550-001
<b>a</b>	Plan name ERMA MEP RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor EMPLOYERS' RISK MANAGEMENT ASSOCIATION & ALLIANCE, INC.	<b>c</b> EIN-PN 47-2684619-001
<b>a</b>	Plan name ETHOS BEHAVIORAL HEALTH GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor ETHOS BEHAVIORAL HEALTH GROUP, LLC	<b>c</b> EIN-PN 84-2484878-001
<b>a</b>	Plan name GODLEY, GLAZER, & FUNK PLLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor GODLEY, GLAZER, & FUNK PLLC	<b>c</b> EIN-PN 84-4742362-001
<b>a</b>	Plan name LONG BEACH AREA CHAMBER OF COMMERCE MEMBER RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor LONG BEACH AREA CHAMBER OF COMMERCE	<b>c</b> EIN-PN 95-0944550-001
<b>a</b>	Plan name LONG ISLAND COMPREHENSIVE MEDICAL CARE, PLLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LONG ISLAND COMPREHENSIVE MEDICAL CARE, PLLC	<b>c</b> EIN-PN 37-1654147-001
<b>a</b>	Plan name NATIONAL DOMESTIC WORKERS ALLIANCE 401(K) PLAN	
<b>b</b>	Name of plan sponsor NATIONAL DOMESTIC WORKERS ALLIANCE	<b>c</b> EIN-PN 35-2420942-001
<b>a</b>	Plan name PGS/GS DENTISTRY 401K PLAN	
<b>b</b>	Name of plan sponsor PRADKO, GALLAGHER AND SLANEC, PLLC	<b>c</b> EIN-PN 32-0095590-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	UNISAND INCORPORATED 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	UNISAND INCORPORATED	<b>c</b> EIN-PN 34-1658346-001
<b>a</b>	Plan name	UNISAND INCORPORATED 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	UNISAND INCORPORATED	<b>c</b> EIN-PN 34-1658346-777
<b>a</b>	Plan name	UNISOURCE SOLUTIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	UNISOURCE SOLUTIONS, INC.	<b>c</b> EIN-PN 95-4117599-001
<b>a</b>	Plan name	ASSOCIATED CONSTRUCTION PRODUCTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ASSOCIATED CONSTRUCTION PRODUCTS, INC.	<b>c</b> EIN-PN 59-2692893-001
<b>a</b>	Plan name	C & S DRAPERIES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	C & S DRAPERIES, INC.	<b>c</b> EIN-PN 77-0072946-001
<b>a</b>	Plan name	CW LAW LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CW LAW LLP	<b>c</b> EIN-PN 85-3275179-001
<b>a</b>	Plan name	DALAD REALTY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DALAD REALTY COMPANY	<b>c</b> EIN-PN 34-1001816-001
<b>a</b>	Plan name	GRAHAM-SEGO CORPORATION 401K PLAN	
<b>b</b>	Name of plan sponsor	GRAHAM-SEGO CORPORATION	<b>c</b> EIN-PN 59-1744449-001
<b>a</b>	Plan name	GRAPE EXPECTATIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GRAPE EXPECTATIONS	<b>c</b> EIN-PN 94-2423490-002
<b>a</b>	Plan name	GREAT MOUNTAIN PARTNERS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GREAT MOUNTAIN PARTNERS LLC	<b>c</b> EIN-PN 84-3463093-001
<b>a</b>	Plan name	GREEN SABER RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GREEN SABER PARTNERS	<b>c</b> EIN-PN 99-2696148-001
<b>a</b>	Plan name	ISHR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ISHR, LLC.	<b>c</b> EIN-PN 26-1160348-333

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name ISLAND SURGICAL PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ISLAND SURGICAL AND VASCULAR GROUP P.C.	<b>c</b> EIN-PN 11-2232585-005
<b>a</b>	Plan name ISOLVED 401-K PLAN	
<b>b</b>	Name of plan sponsor PLAN PROFESSIONALS, LLC D/B/A NPPG PLAN PROFESSIONALS	<b>c</b> EIN-PN 85-3213245-310
<b>a</b>	Plan name MAK CHEMICALS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MAK CHEMICALS, INC.	<b>c</b> EIN-PN 45-4836928-001
<b>a</b>	Plan name NEST-FILLER RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor NF BEAUTY GROUP, INC.	<b>c</b> EIN-PN 95-4819694-001
<b>a</b>	Plan name PINNACLE EMPLOYEE SERVICES, LLC 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PINNACLE EMPLOYEE SERVICES, LLC	<b>c</b> EIN-PN 47-1368882-333
<b>a</b>	Plan name PK HOUSING 401(K) PLAN	
<b>b</b>	Name of plan sponsor PK HOUSING AND MANAGEMENT COMPANY	<b>c</b> EIN-PN 38-2964283-001
<b>a</b>	Plan name SACCO & FILLAS, LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SACCO & FILLAS, LLP	<b>c</b> EIN-PN 16-1706802-001
<b>a</b>	Plan name FORMING SYSTEMS, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor FORMINGS SYSTEMS, INC.	<b>c</b> EIN-PN 32-0009832-001
<b>a</b>	Plan name SMX 401(K) PLAN	
<b>b</b>	Name of plan sponsor SMARTRONIX, LLC	<b>c</b> EIN-PN 52-1922012-001
<b>a</b>	Plan name SOLUTIONS HOME MORTGAGE 401(K) PLAN	
<b>b</b>	Name of plan sponsor SOLUTIONS HOME MORTGAGE, INC.	<b>c</b> EIN-PN 14-1837420-001
<b>a</b>	Plan name SOUTH BAY FORD, INC. AND FORD WEST 401(K) PLAN	
<b>b</b>	Name of plan sponsor SOUTH BAY FORD	<b>c</b> EIN-PN 95-4451497-001
<b>a</b>	Plan name THE ARGENT WEALTH PEP	
<b>b</b>	Name of plan sponsor ASSOCIATED GENERAL CONTRACTORS OF MISSISSIPPI	<b>c</b> EIN-PN 64-0324725-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name THE MCLEOD COMPANIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor MCLEOD EXPRESS, LLC	<b>c</b> EIN-PN 35-2156793-222
<b>a</b>	Plan name J & L HOLDINGS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor J & L HOLDINGS, INC.	<b>c</b> EIN-PN 91-2146403-001
<b>a</b>	Plan name URSULINE SUPPORT SERVICES 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor URSULINE SUPPORT SERVICES	<b>c</b> EIN-PN 25-1401610-001
<b>a</b>	Plan name VALLARTA SUPERMARKETS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor VALLARTA SUPERMARKETS	<b>c</b> EIN-PN 95-4704083-001
<b>a</b>	Plan name JULIE R. VANHOOSE, DMD AND KYLE GIES, DDS, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JULIE R. VANHOOSE, DMD AND KYLE GIES, DDS, PC	<b>c</b> EIN-PN 38-2380905-001
<b>a</b>	Plan name JYGA TECH USA 401(K) PLAN	
<b>b</b>	Name of plan sponsor JYGA TECH USA, INC	<b>c</b> EIN-PN 61-1898802-001
<b>a</b>	Plan name K & M DISTRIBUTING CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor K & M DISTRIBUTING CO., INC.	<b>c</b> EIN-PN 43-0863357-001
<b>a</b>	Plan name KANSAS CITY FRIENDS OF ALVIN AILEY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor KANSAS CITY FRIENDS OF ALVIN AILEY	<b>c</b> EIN-PN 43-1412078-001
<b>a</b>	Plan name W.L. LOGAN TRUCKING CO. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor W.L. LOGAN TRUCKING CO.	<b>c</b> EIN-PN 34-1039888-001
<b>a</b>	Plan name BEAR INDUSTRIES 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor BEAR INDUSTRIES, INC.	<b>c</b> EIN-PN 72-0861682-001
<b>a</b>	Plan name CALCAGNI & KANEFSKY LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CALCAGNI & KANEFSKY LLP	<b>c</b> EIN-PN 81-2712035-001
<b>a</b>	Plan name NEW ENGLAND WOODCRAFT, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor NEW ENGLAND WOODCRAFT, INC.	<b>c</b> EIN-PN 03-0265306-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name NEWTOWN VETERINARY CLINIC, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor NEWTOWN VETERINARY CLINIC, INC.	<b>c</b> EIN-PN 99-0210112-002
<b>a</b>	Plan name NIPPON SHOKUBAI AMERICA INDUSTRIES, INC. 401(K) RETIREMENT AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor NIPPON SHOKUBAI AMERICA INDUSTRIES, INC.	<b>c</b> EIN-PN 51-0306007-001
<b>a</b>	Plan name ONESOURCE PROS 401(K) PLAN	
<b>b</b>	Name of plan sponsor ONESOURCE PROFESSIONAL SEARCH, LLC	<b>c</b> EIN-PN 13-4301164-001
<b>a</b>	Plan name CHAPCO, INC. 401(K) PROFIT SHARING AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CHAPCO, INC.	<b>c</b> EIN-PN 06-0947088-001
<b>a</b>	Plan name POLLUX SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor POLLUX SYSTEMS, INC.	<b>c</b> EIN-PN 35-1813327-001
<b>a</b>	Plan name PURPLE USA INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor PURPLE USA, INC.	<b>c</b> EIN-PN 46-4128782-001
<b>a</b>	Plan name QUAD PLUS LLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor QUAD PLUS LLC	<b>c</b> EIN-PN 20-2033561-001
<b>a</b>	Plan name DRILLING SUPPLY & MANUFACTURING, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DRILLING SUPPLY & MANUFACTURING	<b>c</b> EIN-PN 74-1903853-001
<b>a</b>	Plan name SCULLY SPORTSWEAR 401(K) PLAN	
<b>b</b>	Name of plan sponsor SCULLY SPORTSWEAR, INC.	<b>c</b> EIN-PN 95-2240766-001
<b>a</b>	Plan name FACILITIES ENGINEERING ASSOCIATES, PC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FACILITIES ENGINEERING ASSOCIATES, PC	<b>c</b> EIN-PN 26-1542141-001
<b>a</b>	Plan name ATTAWAY SERVICES CAROLINA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ATTAWAY SERVICE CAROLINA, INC.	<b>c</b> EIN-PN 82-2912532-001
<b>a</b>	Plan name MERCER THOMPSON LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor MERCER THOMPSON LLC	<b>c</b> EIN-PN 27-0253380-222

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b>	Plan name	MERCER THOMPSON LLC ATTORNEYS 401(K) PLAN
<b>b</b>	Name of plan sponsor	MERCER THOMPSON LLC
<b>c</b>	EIN-PN	27-0253380-777
<b>a</b>	Plan name	NORTHWEST 401(K) BENEFITS GROUP
<b>b</b>	Name of plan sponsor	SOUND FORD, INC
<b>c</b>	EIN-PN	91-0906207-001
<b>a</b>	Plan name	OPTIMUM THERAPEUTICS PT & OT PLLC 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	OPTIMUM THERAPEUTICS PT & OT PLLC
<b>c</b>	EIN-PN	45-2839564-001
<b>a</b>	Plan name	DELTA CONSTRUCTORS, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	DELTA CONSTRUCTORS, LLC
<b>c</b>	EIN-PN	37-1552952-001
<b>a</b>	Plan name	DYNAMIC RESEARCH, INC. RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	DYNAMIC RESEARCH
<b>c</b>	EIN-PN	95-3385947-001
<b>a</b>	Plan name	EAST HARTFORD ORTHODONTICS, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	EAST HARTFORD ORTHODONTICS, LLC
<b>c</b>	EIN-PN	45-3967784-001
<b>a</b>	Plan name	EASTCOAST ENTERTAINMENT, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	EASTCOAST ENTERTAINMENT, INC.
<b>c</b>	EIN-PN	54-1024623-001
<b>a</b>	Plan name	RALLY FOR RETIREMENT 401(K) PLAN
<b>b</b>	Name of plan sponsor	GREAT SALONS OF KNOXVILLE, INC.
<b>c</b>	EIN-PN	84-1616153-002
<b>a</b>	Plan name	SECOND HARVEST COMMUNITY SERVICES 401(K) PLAN
<b>b</b>	Name of plan sponsor	SECOND HARVEST COMMUNITY SERVICES OF NORTHWEST OHIO
<b>c</b>	EIN-PN	57-1211683-001
<b>a</b>	Plan name	SESSLAR FAMILY MEDICAL CENTER 401(K) PLAN
<b>b</b>	Name of plan sponsor	SESSLAR FAMILY MEDICAL CENTER
<b>c</b>	EIN-PN	01-0754572-001
<b>a</b>	Plan name	SOUTH LAKE PHARMACY 401(K) PLAN
<b>b</b>	Name of plan sponsor	DYL LLC DBA SOUTH LAKE PHARMACY
<b>c</b>	EIN-PN	36-4503042-002
<b>a</b>	Plan name	SOUTHEAST PERSONNEL LEASING RETIREMENT SAVINGS PLAN
<b>b</b>	Name of plan sponsor	SOUTHEAST PERSONNEL LEASING, INC.
<b>c</b>	EIN-PN	59-3298197-333

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name ST. JOHN MEDICAL ENDEAVORS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ST. JOHN MEDICAL ENDEAVORS, INC.	<b>c</b> EIN-PN 45-2411775-001
<b>a</b>	Plan name HARBERSON HOLDINGS, INC 401(K) SAVINGS & INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor HARBERSON HOLDINGS INC.	<b>c</b> EIN-PN 56-2438638-002
<b>a</b>	Plan name HARDIN CONSTRUCTION COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor HARDIN CONSTRUCTION COMPANY	<b>c</b> EIN-PN 72-1279212-001
<b>a</b>	Plan name HIGHROADS, LLC 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SONGY HIGHROADS, LLC	<b>c</b> EIN-PN 45-4485594-001
<b>a</b>	Plan name THE TAB GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE TAB GROUP	<b>c</b> EIN-PN 22-2054949-001
<b>a</b>	Plan name THERAFIT REHAB 401(K) PLAN	
<b>b</b>	Name of plan sponsor THERAFIT REHAB, INC	<b>c</b> EIN-PN 26-2417596-001
<b>a</b>	Plan name ACTECH RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ADVANCED CRUSHER TECHNOLOGIES, INC. DBA ACTECH, INC.	<b>c</b> EIN-PN 91-1910674-001
<b>a</b>	Plan name ADAPTIVE SOLUTIONS MULTI SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor ADAPTIVE SOLUTIONS MULTI SERVICES PLLC	<b>c</b> EIN-PN 27-4147286-001
<b>a</b>	Plan name VANCOUVER BOLT & SUPPLY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor VANCOUVER BOLT & SUPPLY, INC.	<b>c</b> EIN-PN 91-1051191-001
<b>a</b>	Plan name ALLIANCE BUS GROUP, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ALLIANCE BUS GROUP, INC.	<b>c</b> EIN-PN 27-4466560-001
<b>a</b>	Plan name ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor RETAIL ASSOCIATION OF MAINE	<b>c</b> EIN-PN 01-0165117-334
<b>a</b>	Plan name ALLPRO CORPORATION 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ALLPRO CORPORATION	<b>c</b> EIN-PN 59-3347302-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name <a href="#">WAREHOUSING OF EVANSVILLE 401(K) PROFIT SHARING PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">WAREHOUSING OF EVANSVILLE</a>	<b>c</b> EIN-PN <a href="#">27-3827525-001</a>
<b>a</b>	Plan name <a href="#">AXIOM ACQUISITION VENTURES MANAGEMENT 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AXIOM ACQUISITION VENTURES MANAGEMENT, LLC</a>	<b>c</b> EIN-PN <a href="#">85-3091143-001</a>
<b>a</b>	Plan name <a href="#">DIGESTIVE CARE MEDICAL CENTER, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DIGESTIVE CARE MEDICAL CENTER, INC.</a>	<b>c</b> EIN-PN <a href="#">75-3037371-003</a>
<b>a</b>	Plan name <a href="#">ECHTER'S GREENHOUSES, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ECHTER'S GREENHOUSES, INC.</a>	<b>c</b> EIN-PN <a href="#">84-0491743-002</a>
<b>a</b>	Plan name <a href="#">FJP MECHANICAL INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FJP MECHANICAL INC.</a>	<b>c</b> EIN-PN <a href="#">11-3289992-001</a>
<b>a</b>	Plan name <a href="#">HMN 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MISSOULA LAUNDRY &amp; DRY CLEANERS COMPANY DBA MISSOULA TEXTILES</a>	<b>c</b> EIN-PN <a href="#">81-0229594-001</a>
<b>a</b>	Plan name <a href="#">JOHN E. FOX, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">JOHN E. FOX, INC.</a>	<b>c</b> EIN-PN <a href="#">56-1094403-001</a>
<b>a</b>	Plan name <a href="#">JONES &amp; SONS PLUMBING AND AIR, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">JONES &amp; SONS PLUMBING AND AIR, INC.</a>	<b>c</b> EIN-PN <a href="#">85-0668622-001</a>
<b>a</b>	Plan name <a href="#">MATTRESS DIRECT 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MATTRESS DIRECT, LLC</a>	<b>c</b> EIN-PN <a href="#">72-1502440-001</a>
<b>a</b>	Plan name <a href="#">MAX SALES GROUP, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MAX SALES GROUP, INC.</a>	<b>c</b> EIN-PN <a href="#">20-3694079-001</a>
<b>a</b>	Plan name <a href="#">MERRY DENTAL PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MERRY DENTAL CARE CENTER, P.A.</a>	<b>c</b> EIN-PN <a href="#">27-0790312-001</a>
<b>a</b>	Plan name <a href="#">P.A. THOMPSON ENGINEERING 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">P.A. THOMPSON ENGINEERING</a>	<b>c</b> EIN-PN <a href="#">33-0541883-001</a>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	PALM BEACH HEALTH CONSULTING LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PALM BEACH HEALTH CONSULTING	<b>c</b> EIN-PN 92-1435276-001
<b>a</b>	Plan name	RAWLINSON ELECTRIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RAWLINSON ELECTRICAL CONSULTANTS	<b>c</b> EIN-PN 45-5383717-001
<b>a</b>	Plan name	SHIPMAN DIXON & LIVINGSTON CO. LPA 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SHIPMAN DIXON & LIVINGSTON	<b>c</b> EIN-PN 31-1434412-601
<b>a</b>	Plan name	SJB GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SJB GROUP, INC.	<b>c</b> EIN-PN 20-1963915-001
<b>a</b>	Plan name	THS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TSCHETTER, HAMRICK, SULZER PC	<b>c</b> EIN-PN 84-1330276-001
<b>a</b>	Plan name	TIME STRIPING, INC. 401K	
<b>b</b>	Name of plan sponsor	TIME STRIPING, INC.	<b>c</b> EIN-PN 71-0669392-333
<b>a</b>	Plan name	COLUMBIA PAINT CORPORATION PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	COLUMBIA PAINT CORPORATION	<b>c</b> EIN-PN 55-0380524-001
<b>a</b>	Plan name	EGREEN MCS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EGREEN MANAGEMENT AND CONSULTING SERVICES DBA EGREEN ROOFING Solutio	<b>c</b> EIN-PN 36-4791684-001
<b>a</b>	Plan name	ELEVATE PROPERTY MANAGEMENT, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	ELEVATE PROPERTY MANAGEMENT LLC	<b>c</b> EIN-PN 27-3695592-001
<b>a</b>	Plan name	ELEVATED TECHNOLOGIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ELEVATED TECHNOLOGIES INC.	<b>c</b> EIN-PN 38-3146138-001
<b>a</b>	Plan name	GANAU AMERICA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GANAU AMERICA, INC.	<b>c</b> EIN-PN 68-0304506-001
<b>a</b>	Plan name	MINIMAL ACCESS SURGERY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MINIMAL ACCESS SURGERY, INC.	<b>c</b> EIN-PN 45-0521250-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	MISSISSIPPI MARINE CORPORATION 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MISSISSIPPI MARINE CORPORATION	<b>c</b> EIN-PN 64-0524327-001
<b>a</b>	Plan name	PARRAID 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PARRAID, LLC	<b>c</b> EIN-PN 84-3537759-001
<b>a</b>	Plan name	PASCO SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PASCO SOLUTIONS, INC.	<b>c</b> EIN-PN 83-3733664-001
<b>a</b>	Plan name	RELIABLE CONTROLS RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	RELIABLE CONTROLS CORPORATION	<b>c</b> EIN-PN 87-0630670-001
<b>a</b>	Plan name	STONE INSURANCE, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	STONE INSURANCE, INC.	<b>c</b> EIN-PN 72-0799511-001
<b>a</b>	Plan name	STORMS DWORAK LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	STORMS DWORAK, LLC	<b>c</b> EIN-PN 46-2104644-001
<b>a</b>	Plan name	WILLIAMS FIRE & HAZARD, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WILLIAMS FIRE & HAZARD, LLC	<b>c</b> EIN-PN 93-4675784-001
<b>a</b>	Plan name	WILLOWBROOK FORD, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WILLOWBROOK FORD, INC.	<b>c</b> EIN-PN 36-3063579-001
<b>a</b>	Plan name	AMICABLE HEALTHCARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMICABLE HEALTHCARE, INC.	<b>c</b> EIN-PN 91-1814335-001
<b>a</b>	Plan name	ANGELIC HEALTH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ANGELIC PRACTICE MANAGEMENT, LLC	<b>c</b> EIN-PN 82-5301108-001
<b>a</b>	Plan name	COMPTON CONSTRUCTION 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	COMPTON CONSTRUCTION	<b>c</b> EIN-PN 27-5155259-001
<b>a</b>	Plan name	INCLUSIVE HOUSING RESOURCES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INCLUSIVE HOUSING RESOURCES	<b>c</b> EIN-PN 84-3657368-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	INNOVANT, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	INNOVANT, INC.	<b>c</b> EIN-PN 45-0499207-001
<b>a</b>	Plan name	MORAN INDUSTRIES INC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MORAN INDUSTRIES INC	<b>c</b> EIN-PN 23-2711171-001
<b>a</b>	Plan name	MPC DAIRY SERVICE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MPC DAIRY SERVICE, INC. DBA SAN JOAQUIN VALLEY DAIRY EQUIPMENT	<b>c</b> EIN-PN 83-2852835-001
<b>a</b>	Plan name	WISE AUTO GROUP 401(K) MULTIPLE EMPLOYER PLAN	
<b>b</b>	Name of plan sponsor	LLOYD A WISE MOTOR INC	<b>c</b> EIN-PN 26-2658328-001
<b>a</b>	Plan name	YZER LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	YZER LLC	<b>c</b> EIN-PN 82-2501890-001
<b>a</b>	Plan name	NARTKER, GRUNEWALD & CO 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NARTKER, GRUNEWALD, ESCHLEMAN AND COOPER, LLC	<b>c</b> EIN-PN 31-0872466-001
<b>a</b>	Plan name	SYSTEMS 2000 PLUMBING SERVICES, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SYSTEMS 2000 PLUMBING SERVICES, INC	<b>c</b> EIN-PN 13-3781164-001
<b>a</b>	Plan name	SYSTEMS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	C SYSTEMS, LLC	<b>c</b> EIN-PN 20-1820942-001
<b>a</b>	Plan name	ZIEHL-ABEGG, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ZIEHL-ABEGG, INC.	<b>c</b> EIN-PN 20-0338305-001
<b>a</b>	Plan name	ZIMA HOLDINGS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ZIMA HOLDINGS INC	<b>c</b> EIN-PN 82-4032100-002
<b>a</b>	Plan name	BRBC I, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BRBC I, LLC	<b>c</b> EIN-PN 13-4246539-001
<b>a</b>	Plan name	BRONX PARK REHABILITATION AND NURSING CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WHITE PLAINS NURSING HOME INC. D/B/A BRONX PARK	<b>c</b> EIN-PN 13-3992987-001



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
--	--	--

For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>AMERICAN FUNDS AMERICAN MUTUAL RET ACCT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>751</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>36-6071399</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	21843666	24577301
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
<b>(15)</b> Other.....	<b>1c(15)</b>		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	21843666	24577301
<b>Liabilities</b>			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	21843666	24577301

**Part II Income and Expense Statement**

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	3225992	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		3225992

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		3225992
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		4790800
(2) From this plan .....	<b>2l(2)</b>		5283157

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1)  DOL Regulation 2520.103-8 (2)  DOL Regulation 2520.103-12(d) (3)  neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name:

(2) EIN:

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG or MTIA. (2)  It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
<b>e</b> Was this plan covered by a fidelity bond?			
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
<b>l</b> Has the plan failed to provide any benefit when due under the plan?			
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  Yes  No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined  
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.